WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 17

Title of Report:	**Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 25th September 2017**
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	• **Receive** and **note** the information provided in this report.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS

	Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	
• **Domain 1:** A Well Led Organisation	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions. meet a number of constitutional, national and locally set performance targets.
• **Domain2:** Performance – delivery of commitments and improved outcomes	The CCG must meet a number of constitutional, national and locally set performance targets.
• **Domain 3:** Financial Management	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

1. FINANCE POSITION

The Committee was asked to note the following year to date position against key financial performance indicators;

Financial Targets Statutory Duties	Target	FOT	Variance o(u)	RAG
Expenditure not to exceed income	£9.130m surplus	£9.130m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£402.971m	£402.971m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.465m	(£0.07m)	G

Non Statuory Duties	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	345	1,652	1,307	A
Maximum closing cash balance %	1.25%	5.99%	4.74%	A
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	97%	-2%	G
QIPP	£4.41m	£4.26m	£0.15m	A
Programme Cost £'000 *	160,207	161,120	913	G
Reserves £'000 *	890	0	(890)	G
Running Cost £'000 *	2,306	2,256	(50)	G

- The net effect of the three identified lines (*) is a small underspend.
- The cash balance has exceeded the target due to an unexpected cash receipt (see cash section 14.2).
- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.
- Following a review of the financial position at M5 the level of risks and associated mitigations has been reduced and the CCG is maintaining a nil net risk as mitigations match identified risks, (section 15).
- Programme Costs are forecast to overspend which is partially compensated for by underspends on Running Costs, (section 3).
- The recurrent overspend has increased in month 5 to an estimated £2m FOT which is currently offset by non recurrent underspends and the use of reserves. This represents a large increase compared to the previous month and is due to increased spend within NCAs, ambulance services and prescribing. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase, (section13).
- Royal Wolverhampton Trust (RWT) is giving concern as the M4 activity is indicating a potential forecast out turn (FOT) of c £1.5-2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff e.g. Sepsis, (section 4).
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio, (section 4).
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the MH Commissioner that spend will reduce and fall back in line with budget as cases are reviewed and costs reduced, (section 5).
- Within Delegated Primary Care there is some flexibility to utilise in bringing forward plans and commit recurrent spend.
- GP Prescribing has moved significantly again in the recently received M3 data, contributing to the CCG's overall recurrent pressure as noted above. The movement of £600k is both cost and volume driven, (section 9).
- CHC continues to report a FOT underspend but this has reduced in month 5 due to additional patients within Adult CHC,
- (Section 10).BCF has been reported as breakeven based upon the financial report provided by Wolverhampton Council (CWC). The CCG has concerns over the robustness of CWC's FOT following the last two years' experience, (section 11).
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the risk share arrangements, (section 11).

- Additional QIPP has been identified over and above M4 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes are not materialising, (section 13).

The table below highlights year to date performance as reported to and discussed by the Committee;

	Annual Budget £'000	YTD Performance M05									
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)	In Month Movement Trend	In Month Movement £'000 o(u)	Previous Month FOT Variance £'000 o/(u)
Acute Services	190,356	79,315	79,863	548	0.7%	192,067	1,711	0.9%		383	1,328
Mental Health Services	35,635	14,872	15,270	398	2.7%	36,048	413	1.2%		90	323
Community Services	36,943	15,393	15,326	(66)	(0.4%)	36,886	(57)	(0.2%)		0	(57)
Delegated Primary Care	35,165	14,652	14,675	23	0.2%	34,872	(293)	(0.8%)		(293)	0
Other Primary Care	654	272	272	0	0.0%	654	0	0.0%		0	0
Prescribing & Quality	50,547	21,061	21,561	500	2.4%	51,751	1,205	2.4%		734	471
Continuing Care/FNC	13,899	5,791	5,672	(119)	(2.1%)	13,474	(425)	(3.1%)		31	(456)
Other Programme	21,242	8,851	8,481	(370)	(4.2%)	20,547	(695)	(3.3%)		(944)	249
Total Programme	**384,440**	**160,207**	**161,120**	**913**	**0.6%**	**386,299**	**1,858**	**0.5%**		**0**	**1,858**
Running Costs	5,535	2,306	2,256	(50)	(2.2%)	5,465	(70)	(1.3%)		0	(70)
Reserves	3,866	890	0	(890)	(100.0%)	2,077	(1,788)	(46.3%)		0	(1,788)
Total Mandate	**393,841**	**163,403**	**163,376**	**(27)**	(0.0%)	**393,841**	**(0)**	**(0.0%)**		**0**	**(0)**
Target Surplus	9,130	3,804	0	(3,804)	(100.0%)	0	(9,130)	(100.0%)		0	(9,130)
Total	**402,971**	**167,207**	**163,376**	**(3,831)**	(2.3%)	**393,841**	**(9,130)**	(2.3%)		**0**	**(9,130)**

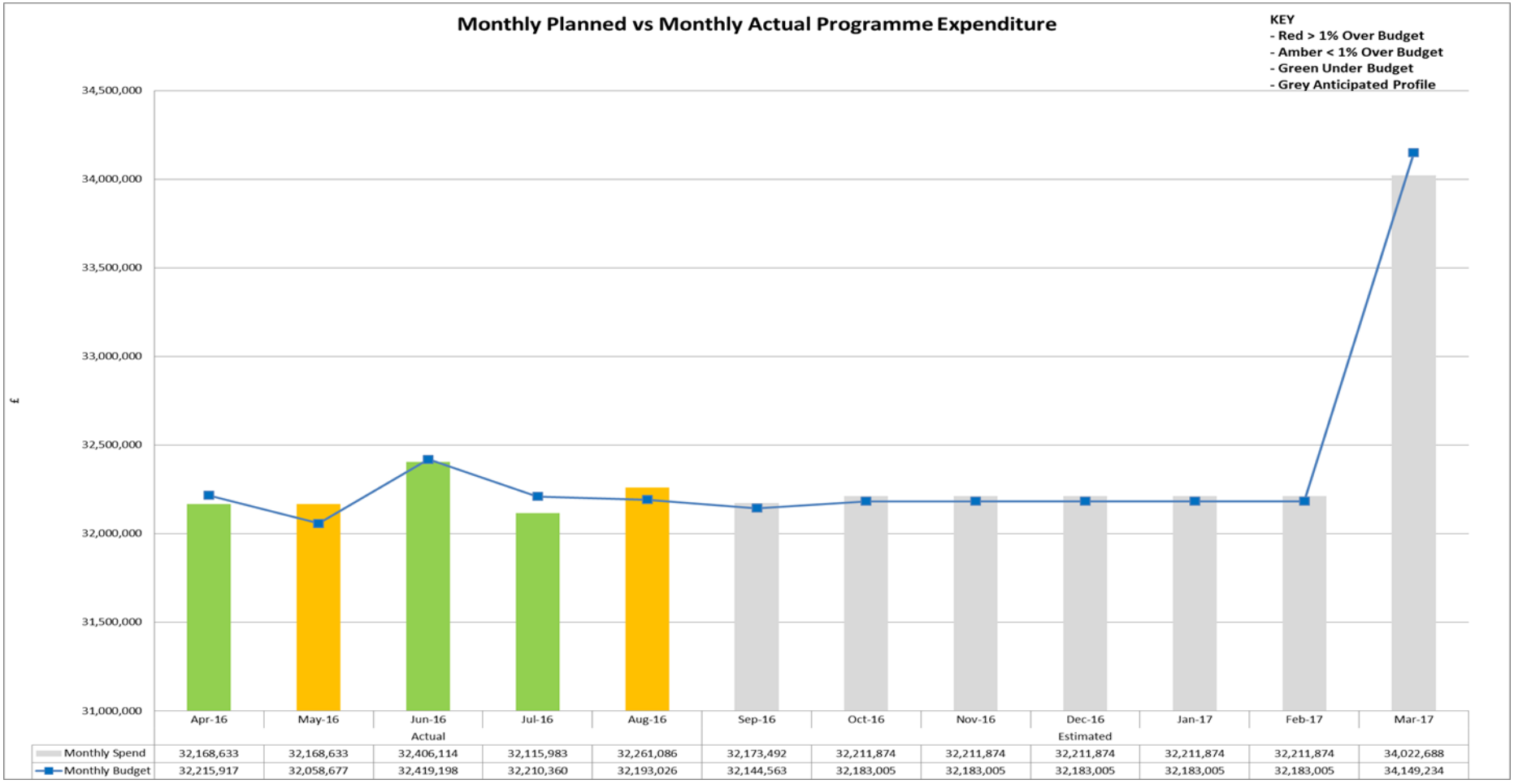
Red = adverse impact on FOT and overall financial position of the CCG
Amber = no movement on FOT from last month
Green = favourable impact on FOT and financial position of the CCG

	Annual Budget £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent	Yr End Variance %
Acute Services	190,356	192,067	1,711	1,394	316	0
Mental Health Services	35,635	36,048	413	292	121	0
Community Services	36,943	36,886	(57)	35	(92)	(0)
Delegated Primary Care	35,165	34,872	(293)	0	(293)	(0)
Other Primary Care	654	654	0	0	0	0
Prescribing & Quality	50,547	51,751	1,205	1,146	59	0
Continuing Care/FNC	13,899	13,474	(425)	(545)	120	(0)
Other Programme	21,242	20,547	(695)	6,302	(6,997)	(0)
Total Programme	**384,440**	**386,299**	**1,858**	**8,624**	**(6,766)**	**0**
Running Costs	5,535	5,465	(70)	0	(70)	(0)
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
Total Mandate	**393,841**	**393,841**	**(0)**	**6,836**	**(6,836)**	**(0)**
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
Total	**402,971**	**393,841**	**(9,130)**	**6,836**	**(15,966)**	**(0)**

- Of the recurrent year end variance, £4.765m is a consequence of recurrent spend being offset by a non-recurrent allocation in relation to HRG4+ and IR (national coding and costing changes which impacted upon the 17/19 contract). The CCG will have a non-recurrent allocation again in 18/19 thereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review).

- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £1.780m. For 18/19 the CCG will need to reinstate the Contingency and this will be a first call on growth monies. This is clearly detailed in the following table.

  As mandated by NHSE the CCG is also retaining 0.5% of its 1% reserve. It is unable to utilise this at this stage of the financial year and will hold this resource until guidance on its treatment in the accounts from NHSE.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
			Actual						Estimated			
Monthly Spend	32,168,633	32,168,633	32,406,114	32,115,983	32,261,086	32,173,492	32,211,874	32,211,874	32,211,874	32,211,874	32,211,874	34,022,688
Monthly Budget	32,215,917	32,058,677	32,419,198	32,210,360	32,193,026	32,144,563	32,183,005	32,183,005	32,183,005	32,183,005	32,183,005	34,149,234

NHS
Wolverhampton
Clinical Commissioning Group

- Running costs historically have reported a stable position from M3 onwards and this is anticipated to continue through to year end. Traditionally the last 3 months of the financial year see a proportionally higher spend per month but overall a breakeven position is forecast at year end.

2. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at M04 are £35.165m. The forecast outturn is £34.872m delivering a slight underspend position.

The planning metrics for 2017/18 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations.The table below shows the revised forecast for month 04:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	8,751	8,772	21	21,002	21,002	0		0	0
General Practice PMS	754	750	(4)	1,809	1,809	0		0	0
Other List Based Services APMS incl	958	1,059	102	2,298	2,298	0		0	0
Premises	1,118	1,104	(14)	2,684	2,684	0		0	0
Premises Other	38	22	(15)	90	90	0		0	0
Enhanced services Delegated	352	338	(14)	845	845	0		0	0
QOF	1,509	1,470	(39)	3,622	3,622	0		0	0
Other GP Services	1,100	1,161	61	2,641	2,348	(293)		(293)	0
Delegated Contingency reserve	73	0	(73)	174	174	0		0	0
Total	**14,652**	**14,675**	**23**	**35,165**	**34,872**	**(293)**		**(293)**	**0**

3. QIPP

The key points to note are as follows:

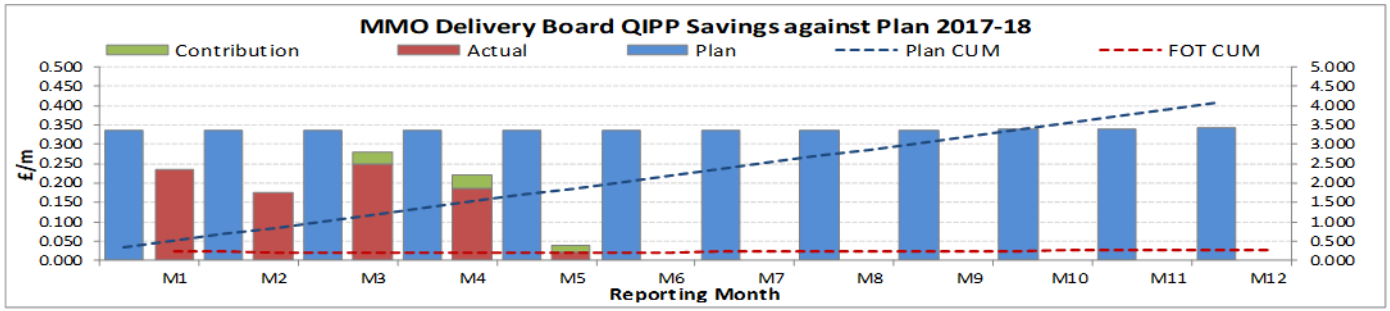
- Following the finalisation of the year end figure the plan QIPP target of £10.62m increased to £11m. As a result the level of non-contracted QIPP without plans has increased to £1.519m as £616k has identified plans.
- No additional QIPP has been identified in M4.
- Any non-recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

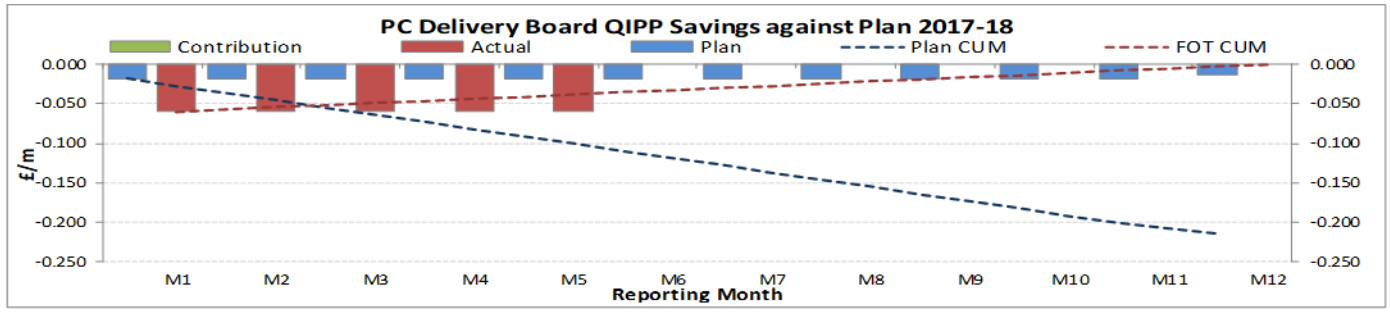
	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.69	1.69	0.00	4.05	4.05	0.00
Transformational	2.72	2.57	-0.15	6.56	6.56	0.00
Unallocated		0.00	0.00	0.00	0.00	0.00
Total	**4.41**	**4.26**	**-0.15**	**10.61**	**10.61**	**0.00**

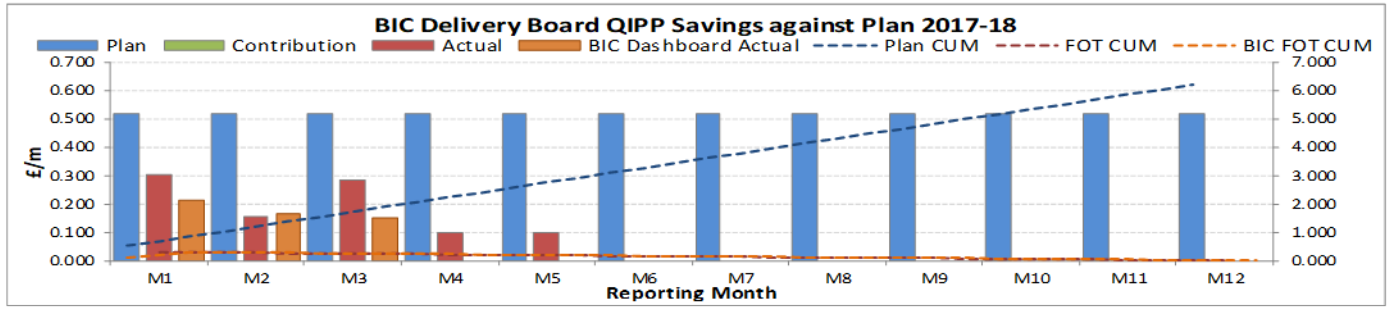
QIPP Programme Delivery Board

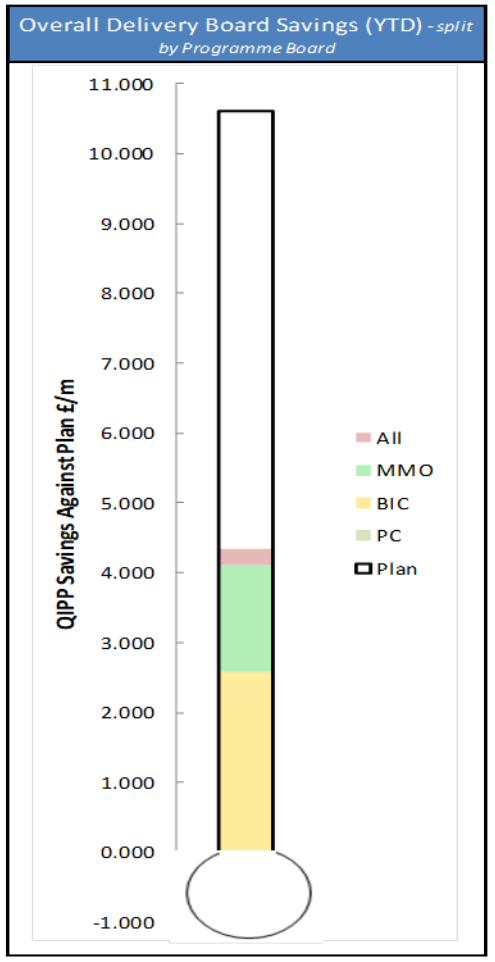
Mth 5 - Aug 17/18

Source : Annual Non ISFE Plan, Monthly Project Leads Updates and validated figures from Non ISFE Finance Return









4. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st August is shown below

	31 August '17 £'000	31 July '17 £'000	Change In Month £'000
Non Current Assets			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
Current Assets			
Trade and Other Receivables	1,410	2,296	-886
Cash and Cash Equivalents	1,650	1,520	130
	3,060	3,817	
Total Assets	**3,060**	**3,817**	
Current Liabilities			
Trade and Other Payables	-24,087	-23,619	-467
	-24,087	-23,619	
Total Assets less Current Liabilities	**-21,026**	**-19,803**	
TOTAL ASSETS EMPLOYED	**-21,026**	**-19,803**	
Financed by:			
TAXPAYERS EQUITY			
General Fund	21,026	19,803	1,224
TOTAL	**21,026**	**19,803**	

Key points to note from the SoFP are:

- As at the end of August the CCG held a bank balance of £1,652k. This was 5.99% of the monthly drawdown against the target of no greater than 1.25%. This underperformance was due to unanticipated income and a reduced level of payments (see 14.2 below);
- Performance against the target of paying at least 95% of invoices within 30 days is at 97% for non-NHS invoices and 99% for NHS invoices;

5. PERFORMANCE

The following tables are a summary of the performance information presented to the Committee;

Executive Summary - Overview

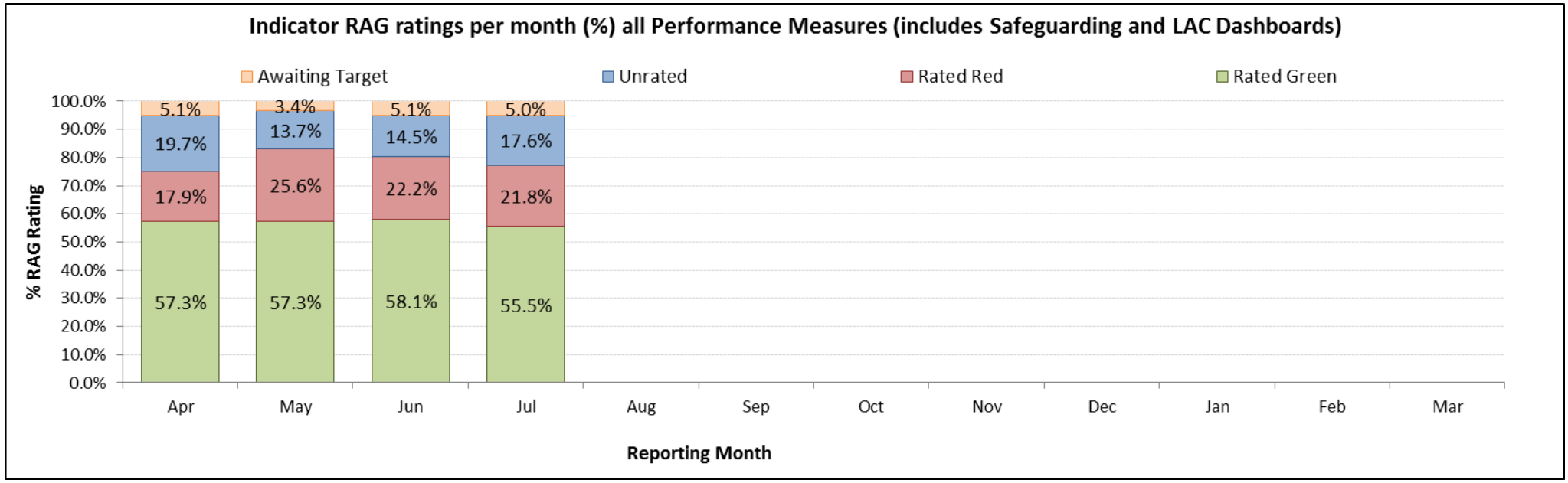
Jul-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	13	13	10	9	1	2	0	0	**24**
Outcomes Framework	8	8	6	7	12	11	0	0	**26**
Mental Health	25	23	5	5	4	8	0	0	**36**
Safeguarding - RWT	8	8	5	5	0	0	0	0	**13**
Looked After Children (LAC)	0	0	0	0	0	0	6	6	**6**
Safeguarding - BCP	14	14	0	0	0	0	0	0	**14**
Totals	**68**	**66**	**26**	**26**	**17**	**21**	**6**	**6**	**119**

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	54%	54%	42%	38%	4%	8%	0%	0%
Outcomes Framework	31%	31%	23%	27%	46%	42%	0%	0%
Mental Health	69%	64%	14%	14%	11%	22%	0%	0%
Safeguarding - RWT	62%	62%	38%	38%	0%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	0%	0%	100%	100%
Safeguarding - BCP	100%	100%	0%	0%	0%	0%	0%	0%
Totals	**57%**	**55%**	**22%**	**22%**	**14%**	**18%**	**5%**	**5%**

* Note : Performance for Looked After Children (LAC) has been included on the Dashboard section of the report for information only as currently does not have targets or thresholds applied to the indicators.

August 2017 : additional of C.Diff and MRSA indicators for the Black Country Partnership Foundation Trust reporting, increases number to 119 overall indicators



Exception highlights were as follows;

Indicator Ref:	Title and Narrative	Direction of Travel / Yr End Target
	Royal Wolverhampton Hospital NHS Trust (RWT)	

Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.91%	93.42%	94.19%	93.09%									92.90%	93.00%

RWT_EB6

The 2 week first outpatient cancer performance has achieved the 93% target for the third consecutive month, however the Year To Date remains below target at 92.90% due to the previous below target performance in April (90.91%). Compared to the previous year, there has been a 13.22% increase in referrals (July16 = 1022 - 93.56%, July17 = 1173 - 93.18%) and a decrease in compliance by 1.82%. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and July performance has been confirmed as 93.18% (80 patients breaching target out of 1,173) and therefore remains GREEN in month.

Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
77.78%	94.87%	94.34%	91.43%									89.60%	94.00%

RWT_EB9

The 31 Day for subsequent treatment (surgery) cancer performance in July failed to achieve the 94% target (91.43%) in month with the Year To Date also remaining below target at 89.60%. Compared to the previous year, there has been a 8% decrease in referrals (Jul16 = 38 - 89.47%, Jul17 = 35 - 91.43%) and a increase in compliance by 1.95%. The performance for this indicator is directly related to the 62 Day standard and is expected to follow the same recovery trajectory. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end, however the validated figures for July confirm that the Trust achieved 95.00% (relating to 2 breaches out of 40 patients seen) and therefore remains GREEN in month. Early indications are that the August performance has seen a positive increase to 94.44% and is therefore GREEN.

Percentage of Service Users waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.74%	84.62%	78.57%	82.50%									85.11%	90.00%

RWT_EB13

The 62 Day referral from an NHS Screening service performance for July has seen an increase to 82.50%, however has failed to achieve the 90% target for the 3rd consecutive month. This indicator is affected by low numbers of breaches impacting on a small cohort of patients. In July, 3.5 patients breached the 62 day threshold from a total of 20 patients. The Trust have confirmed that 2 of the breaches relate to capacity issues with performance excluding tertiary referrals = 88.89%. As part of a shared learning programme, the Trust was paired with Leeds Teaching Hospital NHS Trust and a joint visit took place on 22nd June 17. However, no specific pathway changes were identified and further learning and any actions are to be discussed within the Trust. A pathway and process flow coach has been assigned by NHS Intelligence and will be onsite 1 day per week to review current flows. The Trust are also working with the Dudley Group of Hospitals to review the CT Colonography Cancer pathway to improve diagnostic testing timescales and therefore have a positive impact on tertiary referral waiting times. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and the July performance has been confirmed as 86.59%. Initial indications are that performance is improved for August to 86.49% (however remains below target).

The 62 Day Cancer waits continues to be a National issue and is to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The performance remains as part of the Quality requirements National Operational Standards for 2017/18 with the threshold remaining at 90%.

Minimise rates of Clostridium Difficile

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
4	5	2	2									13	35

RWT_EAS5

The number of Clostridium Difficile (C.Diff) has achieved the in-month threshold of 3 with 2 cases reported for July at the Trust. However, the Year to Date remains in breach due to the number of breaches in previous months (13 cases against a threshold of 12 cases). Compared to the same month in 16/17, performance has seen a significant improvement (16/17 = 7, 17/18 = 2). The threshold for C.Diff breaches has been agreed at 35 for the full year. The Trust have confirmed that there were 12 positive cases (by toxin test), 2 of which were attributable to the Royal Wolverhampton using the external definition of attribution. The number of C.Diff cases continues to be discussed as part of the CQRM and CRM meetings with actions shared by the Infection Prevention Team. The Trusts Infection Prevention Manager has confirmed that a deceased patients death certificate has specified C.Diff as a cause of death - this has been reported as a Serious Incident with a full Root Cause Analysis (RCA) to be undertaken and in line with the Serious Incident Framework (2015) which requires agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Antibiotic changes continue to be scrutinised, deep cleaning programme plans are in place and sustainability actions continue from last year. The Nationally verified data has confirmed that the number of cases for July for the CCG as a Commissioner has increased to 5 cases (20 Year to Date) however remains below the Year to Date threshold of 24 cases. Early Indications are that the August performance has seen an increase to 4 cases and is therefore RED.

All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
33	69	54	27									183	0

RWT_EBS7a

The Ambulance handover delays have seen a decrease in breach numbers (expected overall month seasonal trend would show an increase) during July with 27 handover breaches out of 3,694 conveyances during the month. Compared to the same month in 16/17, there has been a 69% decrease in the number of breaches. There has also been a 2% decrease in the number of conveyances (July 16/17 - 87 breaches out of 3,768, July 17/18 - 27 breaches out of 3,694). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (e.g. accidents, incidents, hot/inclement weather). Activity numbers for July confirm that there were an average of 127 conveyances per day, the highest number of 163 ambulance conveyances was reported on Monday 3rd July, which coincided with the highest number of A&E Attendances of 502 on the same date. Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 4 estimated at £5,400 (based on 27 breaches 30-60mins @ £200). There were no patients breaching the 60 minute or 12 hour thresholds during July. Early indications are that the August performance has seen an increase to 48 breaches.

All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
1	2	5	0									8	0

RWT_EBS7b

The Ambulance handover delays (>60 minutes) achieved the zero threshold for July (out of 3,694 conveyances). Compared to the same month in 16/17, there has been a 100% decrease in the number of breaches, and a 2% decrease in the number of conveyances (July 16/17 - 5 breaches out of 3,768, July 17/18 - 0 breaches out of 3,694). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (e.g. accidents, incidents, hot/inclement weather). Activity numbers for July confirm that there were an average of 127 conveyances per day, the highest number of 163 ambulance conveyances was reported on Monday 3rd July, which coincided with the highest number of A&E Attendances of 502 on the same date. Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. There were 27 patients breaching the 30-60 minute threshold, no patients breached the 12 hour threshold during July. There were no contractial sanctions for this indicator, however early indications are that the August performance has seen an increase to 5 breaches (estimated £5,000 sanction).

Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
91.30%	94.66%	96.29%	96.25%									94.63%	95.00%

RWT_LQR1

The E-Discharge (excluding assessment units) indicator has seen a small decrease in performance to 96.25%, however has achieved the 95% target for the 2nd consecutive month. Analysis of the year on year performance shows that the M4 performance relates to a lower number of records (16/17 denominator = 3032, 17/18 denominator = 2453 and a reduction of 579) and a performance above that of the same period in 2016/17 (94.29%). The Trust confirmed that additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) to identify any common trends and this is having a positive impact on performance. Early indications are that the August performance has seen a further decrease to 95.56% but remains above target.

Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
81.94%	89.98%	85.50%	90.36%									86.94%	92.50%

RWT_LQR2

The E-Discharge (excluding assessment units) indicator has seen a positive increase in performance to 90.36% against the 85% target for the 3rd consecutive month. Analysis of the year on year performance shows that the M4 performance has seen an increase in the number of records (16/17 denominator = 1618, 17/18 denominator = 1514 and a reduction of 61) and a performance above that of the same period in 2016/17 (82.92%). The Trust confirmed that additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) to identify any common trends and this is having a positive impact on performance. Early indications are that the August performance has seen a decrease to 89.33% and therefore below the Quarter 2 target of 90%.

Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework)
Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	1	0	0									1	0

RWT_LQR4

The Trust have reported no breaches for July, however the CCG's Quality and Patient Safety Team have confirmed that there were 4 breaches (Year to Date = 5 breaches). The breaches relate to serious incidents as follows :

1 x Slip/Trip/Fall (ref : 13497 - May)

1 x Pending Review - category to be confirmed before incident can be closed (ref: 17028 - July)

1 x Surgical/invasive procedure incident meeting SI criteria (ref: 17050 - July)

1 x Maternity/Obstetric incident meeting SI criteria - Mother only (ref: 17230 - July)

1 x Treatment delay meeting SI criteria (ref: 17933 - July).

The disputed breaches for July are currently under discussion with each breach reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that August performance has seen 3 further breaches for the Royal Wolverhampton NHS Trust.

Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework.
60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	4	3	1									8	0

The July performance for the sharing of investigation and action plan reports within 60 working days has failed to achieve the zero threshold with 1 breach. The Year to Date breaches relate to serious incidents as follows :

RWT_LQR6

4 x Treatment delay meeting SI criteria (ref : 3856 - May, 3250 - May, 29941 - May, 7143 - June)
1 x Pending Review - category to be confirmed before incident can be closed (ref: 2461 - May)
2 x Diagnostic Incident including delay meeting SI criteria (ref: 6775 - June, 7707 - June)
1 x Awaiting RCA (due 18/07/17, not recieved ref : 10549 - July).

Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard.
(Submit : Yes if all Dashboard is compliant, No if breaches)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
No	No	No	No									-	Yes

Performance for this indicator relates to compliance to all Safeguarding and Looked After Children (LAC) indicators provided via the Safeguarding Dashboard (provided within this report). Breaches include :

RWT_LQR21

LQSG05 - Safeguarding Children Training, Board Level for Chief Executive Officers (93.33% against 100% target)
The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.
LQSG10 - Safeguarding Training, Board Level for Chief Executive Officers (93.33% against 100% target)
The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.
LQSG11 - Prevent Awareness level 1 & 2 (67.39% against 95% target).

All Staff Hand Hygiene Compliance

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.42%	92.48%	93.31%	92.08%									92.07%	95.00%

RWT_LQR28

The Staff Hygiene Compliance indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with July reporting 92.08%. The Trust have previously confirmed that the main issue for this indicator is around the logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact. An exception report has been received which confirms that contributions to the under performance were: Long Term Sickness, lack of adequate training resources for staff to complete training and failed attendance by staff to pre-booked training sessions. A recovery trajectory to meet the 95% target by September has been included as part of the exception reporting process with the following planned actions :

Monthly reporting to line managers of non-compliant (named) staff, emails to non-compliant staff from senior management, training records to be updated and non-attendance followed up, incorporation of hand hygiene into local induction, annual appraisals and training needs analysis, monthly discussion at the Infection Prevention and Control Group (IPCG) with Directorates to manage their teams to ensure a minimum of 95% compliance. Early indications are that the August performance has increased to 92.50% however remains below target.

Infection Prevention Training Level 2

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.21%	94.67%	94.82%	94.67%									94.59%	95.00%

RWT_LQR29

The Infection Prevention Training indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with July reporting 94.67%. The Trust have provided an exception report which details issues affecting performance are similar to the Hand Hygiene indicator - LQR28 (logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact) with the following planned actions : Monthly reporting to line managers of non-compliant (named) staff, emails to non-compliant staff from senior management, training records to be updated and non-attendance followed up, incorporation of hand hygiene into local induction, annual appraisals and training needs analysis, monthly discussion at the Infection Prevention and Control Group (IPCG) with Directorates to manage their teams to ensure a minimum of 95% compliance.

The Commissioner has formally written to the Trust as the current exception reports narrative fails to provide the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust. Early indications are that the August performance has increased to 94.83% however remains just below target.

Black Country Partnership NHS Trust (BCP)

Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themsleves against clinical advice or who are AWOL)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
97.14%	100.00%	98.55%	96.15%									97.96%	100.00%

BCPFT_LQGE01b

The July performance has been reported as failing to achieve the 100% target both in-month (96.15%) and Year To Date (97.96%). The Trust have confirmed that this is the overall Trust position with the Wolverhampton proportion of activity achieving 100% and therefore GREEN. The Sandwell proportion has been confirmed as 94.87% and remains in breach of the target.

% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
96.69%	97.13%	89.19%	95.92%									94.73%	95.00%

BCPFT_LQGE12a

The July performance for this indicator has achieved the 95% target in month (95.92%) and relates to 6 patients (out of 147) who did not receive a Crisis assessment within 4 hours. However, the Year To Date performance currently remains below target (94.73%) due to the below target performance in June (89.19%). The Mental Health Liaison Service aim to assess patients within 1 hour of referral, however to due increases in referral numbers (April = 121 referrals, May = 174 referrals, June = 145 referrals and July = 147 referrals) this has been a challenging target. Assessments take approximately 2 hours in total to undertake a face to face assessment and updates to patients Care Notes records, a Needs and Risk Assessment, Care Cluster and letter dictation to the patients GP (and other agencies). Each patient has a joint risk assessment and discussions with the Mental Health Liaison Service (MHLS) to identify if suitable for transfer to the Lavender Suite, the service have a Standard Operating Procedure (SOP) in place to support the observation and engagement of patients transferred to allow low risk patients the opportunity to be seen in a more suitable environment. Performance of this indicator is discussed at the CQRM meeting with the Trust and will continue to be monitored for improvement. The Sandwell Commissioned service (Sandwell Oak Unit) has also seen increases in referrals however lower numbers than Wolverhampton (July = 111 referrals - 99.10%).

Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
100.00%	100.00%	80.00%	100.00%									95.00%	100.00%

BCPFT_LQGE15

All serious incidents were reported to STEIS within the 2 working day target for July, however this indicator has already breached the Year End 100% target due to previously reported breach in June which related to 1 breach (out of 5 incidents). The June breach related to an incident (ref: 2014/124622) which failed to be reported within the timescale due to the unplanned absence of the Patient Safety Officer. The Patient Safety team have been reminded of reporting deadlines and a process has been established to ensure cover is available in periods of planned and unplanned absences. The breach has been confirmed as not allocated to Wolverhampton CCG as a responsible commissioner and therefore no further details of the incident are available. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
80.00%	50.00%	80.00%	100.00%									77.50%	100.00%

BCPFT_LQGE17

The performance for this indicator has achieved the 100% target for July and is based on 3 reported serious incident Root Cause Analysis reports being submitted within the 60 working day timescales, however due to the previous 3 months breaches, this indicator has already failed the Year End 100% target (77.50%). All breaches are reviewed at the Contract Review and the Clinical Quality Review Meetings and exception reports are provided to the Commissioner when breaches occur detailing circumstances of breaches and any actions put in place to prevent future breaches. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

6. RISK and MITIGATION

Risks	Potential Risk Value Mth04	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs						
Acute SLAs	1.40	2.00	70.00%	1.40	63.06%	risk of in year overperformance
Community SLAs	0.00			0.00	0.00%	
Mental Health SLAs	0.00			0.00	0.00%	
Continuing Care SLAs	0.00			0.00	0.00%	
QIPP Under-Delivery	0.30	0.50	60.00%	0.30	13.51%	risk of QIPP slippage on non contracted QIPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.56	0.40	80.00%	0.32	14.41%	risk of overspending
Running Costs	0.00			0.00	0.00%	
Other Risks	0.42	0.40	50.00%	0.20	9.01%	risk of overspend on BCF
TOTAL RISKS	**2.68**	**3.30**		**2.22**	**100.00%**	

The table above details the current risk assessment for the CCG; a gross risk of £3.3m and risk assessed to £2.22m. There has been a substantial reduction in overall risk following the inclusion of elements within the financial position e.g. BCF and Specialised Services. The prescribing risk has also been reduced to reflect the anticipated savings from Pregabalin.

- The CCG has identified mitigations to cover 100% of the risk identified as outlined in the following table .

Mitigations	Expected Mitigation Value Mth04	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %	Commentary
Uncommitted Funds (Excl 1% Headroom)						
Contingency Held	0.00			0.00	0.00%	
Contract Reserves	0.00			0.00	0.00%	
Investments Uncommitted	0.00			0.00	0.00%	
Uncommitted Funds Sub-Total	0.00	0.00		0.00	0.00%	
Actions to Implement						
Further QIPP Extensions	0.40	0.65	100.00%	0.65	29.25%	
Non-Recurrent Measures	0.40	1.00	100.00%	1.00	45.00%	draw down
Delay/ Reduce Investment Plans	0.88	0.57	100.00%	0.57	25.74%	non recurrent delay to implementing Primary Care strategy
Other Mitigations	1.00	0.00		0.00	0.00%	
Mitigations relying on potential funding	0.00	0.00		0.00	0.00%	*Complete in section below - rows 51 - 53*
Actions to Implement Sub-Total	2.68	2.22		2.22	100.00%	
TOTAL MITIGATION	2.68	2.22		2.22	100.00%	

A further potential risk not included in the financial position or the risk schedule relates to the outstanding issue with RWT £4.8m for lost income relating to Non Elective admissions. This issue has been escalated to NHSE at Regional level and the CCG is awaiting an update. A verbal update will be provided at Committee.

In summary the CCG is reporting the following:

	£m Surplus(deficit)	
Most Likely	£9.130	No risks or mitigations, **achieves** control total
Best Case	£11.350	Control total and mitigations achieved, risks do not materialise **achieves** control total

Risk adjusted case	£9.130	Adjusted risks and mitigations occur. CCG **achieves** control total
Worst Case	£6.910	Adjusted risks and no mitigations occur. CCG **misses** revised control total

7. Contract and Procurement Report

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

Other Risk

Breaches in performance and increases in activity will result in an increase in costs to the CCG. Performance must be monitored and managed effectively to ensure providers are meeting the local and national agreed targets and are being managed to operate within the CCG's financial constraints. Activity and Finance performance is discussed monthly through the Finance and Performance Committee Meetings to provide members with updates and assurance of delivery against plans.

A decline in performance can directly affect patient care across the local healthcare economy. It is therefore imperative to ensure that quality of care is maintained and risks mitigated to ensure patient care is not impacted. Performance is monitored monthly through the Finance and Performance Committee and through the following committees; including Clinical Quality Review Meetings, Contract Review Meetings and Quality and Safety Committee.

There are potentially two additional risks not factored into the financial position or Risk schedule as follows:

- Any contribution to the currently disputed £4.8m invoice received from RWT in respect of lost income as Emergency activity continues to reduce (a national directive)
- Any potential financial consequences resulting from issues arising with services provided at the Urgent Care Centre (Vocare Ltd).

8. RECOMMENDATIONS

- **Receive** and **note** the information provided in this report.

Name: **Lesley Sawrey**
Job Title: **Deputy Chief Finance Officer**
Date: **25th September 2017**

NHS
Wolverhampton
Clinical Commissioning Group

NHS
Wolverhampton
Clinical Commissioning Group

Performance Indicators 17/18

Current Month: Jul

Key:

(based on if indicator required to be either Higher or Lower than target/threshold)

- Improved Performance from previous month
- Decline in Performance from previous month
- Performance has remained the same

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month A M J J A S O N D J F M Yr End
RWT_EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	RWT	95%	93.76%	R	93.46%	R	↑	
RWT_EB6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	RWT	93%	93.09%	G	92.90%	R	↓	
RWT_EB7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	RWT	93%	96.27%	G	95.57%	G	↑	
RWT_EB8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	RWT	96%	97.58%	G	96.30%	G	↑	
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	91.43%	R	89.60%	R	↓	
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	RWT	98%	100.00%	G	100.00%	G	→	
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	100.00%	G	99.57%	G	↑	
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	RWT	85%	77.09%	R	75.84%	R	↑	
RWT_EB13	Percentage of Service Users waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	RWT	90%	82.50%	R	85.11%	R	↑	
RWT_EBS1	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	→	
RWT_EBS2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	RWT	0	0.00	G	0.00	G	→	
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	RWT	0	0.00	G	0.00	G	→	
RWT_EAS5	Minimise rates of Clostridium Difficile	RWT	Mths 1-11 = 3 Mth 12 = 2	2.00	G	13.00	R	→	
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	0	G	10	R	→	
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	RWT	0	27	R	183	R	↑	
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	RWT	0	0	G	8	R	↑	
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	→	
RWT_EBS6	No urgent operation should be cancelled for a second time	RWT	0	0	G	0	G	→	
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.50%	G	95.56%	G	↓	
RWTCB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	RWT	Yes	Yes	G	-	-		
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.84%	G	99.85%	G	↓	
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	98.71%	G	99.01%	G	↓	
RWT_LQR1	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.	RWT	95.00%	96.25%	G	94.63%	R	↓	
RWT_LQR2	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]	RWT	Q1 - 85% Q2 - 90% Q3 - 90% Q4 - 92.5%	90.36%	G	86.94%	R	↑	
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 2.5% Q2 - 2.4% Q3 - 2.2% Q4 - 2.0%	1.58%	G	1.64%	G	↓	
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework) Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	1.00	R	→	

RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	0.00	G	⇨				
RWT_LQR6	Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.	RWT	0	1.00	R	8.00	R	⇧				
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.21%	G	0.30%	G	⇧				
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	93.20%	G	91.55%	G	⇧				
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	83.33%	G	86.36%	G	⇩				
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	83.93%	G	78.75%	G	⇩				
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	99.56%	G	99.50%	G	⇧				
RWT_LQR21	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches)	RWT	Yes	No	R	-	-					
RWT_LQR25	Integrated MSK Service - % of patients on an MSK community pathway, discharged to the community service post elective spell.	RWT	95.00%	100.00%	G		No Data					
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	92.08%	R	92.07%	R	⇩				
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.67%	R	94.59%	R	⇩				
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	98.82%	G	97.32%	G	⇧				
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	⇨				
BCPFT_DC1	Duty of Candour	BCP	YES	Yes	G	-	-					
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	⇨				
BCPFT_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	BCP	50.00%	40.00%	R	85.00%	G	⇩				
BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	93.43%	G	93.00%	G	⇧				
BCPFT_EH2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	BCP	95.00%	99.70%	G	99.77%	G	⇩				
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0	0	G	0	G	⇨				
BCPFT_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	98.51%	G	96.70%	G	⇧				
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themsleves against clinical advice or who are AWOL)	BCP	100.00%	96.15%	R	97.96%	R	⇩				
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	95.69%	G	96.09%	G	⇩				
BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	100.00%	G	100.00%	G	⇨				
BCPFT_LQGE11	Delayed Transfers of Care to be maintained at a minimum level	BCP	7.50%	2.50%	G	3.52%	G	⇧				
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	95.92%	G	94.73%	R	⇧				
BCPFT_LQGE12b	% of Crisis assessments carried out within 4 hours (Sandwell Psychiatric Liaison Service Emergency)	BCP	95.00%	99.10%	G	97.13%	G	⇧				
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	96.77%	G	91.99%	G	⇧				
BCPFT_LQGE13b	% of Urgent assessments carried out within 48 hours (Sandwell Psychiatric Liaison Service)	BCP	85.00%	96.15%	G	89.85%	G	⇧				
BCPFT_LQGE14a	% of Routine assessments carried out within 8 weeks (Sandwell SQPR)	BCP	85.00%	99.70%	G	84.25%	R	⇧				
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	99.24%	G	97.91%	G	⇧				
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	95.00%	R	⇧				

BCPFT_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	100.00%	G	⇨		
BCPFT_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	BCP	100.00%	100.00%	G	77.50%	R	⇧		
BCPFT_LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period [Target - >50%, Sanction: GC9]	BCP	50.00%	64.46%	G	56.83%	G	⇧		
BCPFT_LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75% Sanction: GC9]	BCP	75.00%	95.08%	G	96.24%	G	⇩		
BCPFT_LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%, Sanction: GC9]	BCP	95.00%	100.00%	G	100.00%	G	⇨		
BCPFT_LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence.	BCP	1.25%	1.35%	G	1.49%	G	⇩		
BCPFT_LQIA05CUM	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence. CUMULATIVE	BCP	1.25% per mth 15% by YrEnd	5.95%	G	5.95%	G	⇧		
BCPFT_LQCA01	Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard)' in 'Documents Relied Upon'	BCP	90.00%	98.28%	G	97.89%	G	⇩		
BCPFT_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.00%	100.00%	G	100.00%	G	⇨		
BCPFT_LQCA04	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	BCP	100.00%	100.00%	G	100.00%	G	⇨		
BCPFT_EAS4	Zero Tolerance methicillin-resistant Staphylococcus aureus	BCP	0	0	G	0	G	⇨		
BCPFT_EAS5	Minimise rates of Clostridium Difficile	BCP	0	0	G	0	G	⇨		